

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32071

State File No. 181

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 6293		Registrar's No. 181			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Sheridan				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sheridan 1492					
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles SE of Jasper				d. STREET ADDRESS (If rural, give location) 6 miles S.E. of Jasper					
3. NAME OF DECEASED (Type or Print) Mary		a. (First) b. (Middle) E. c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1952					
5. SEX F.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Dec. 27, 1864			
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George W. Holmes		13b. MOTHER'S MAIDEN NAME Rachael Susan Manley		14. NAME OF HUSBAND OR WIFE John James Lewis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME A. O. Lewis		ADDRESS Jasper, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease, Valvular; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-20-1952, to 9-20-1952, that I last saw the deceased alive on 9-20-1952, and that death occurred at 9-20 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. Knott M.D.				23b. ADDRESS Jasper, Mo.		23c. DATE SIGNED 9-23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 23 '52		24c. NAME OF CEMETERY OR CREMATORY Fasken		24d. LOCATION (City, town, or county) (State) 10 miles SE Jasper, Mo.			
DATE REC'D BY LOCAL REG. 9-25-52		REGISTRAR'S SIGNATURE 139 L. B. Clinton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sharp & Selvey Jasper, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 10-1-52
Jasper County Health Office

County File Number 52/10/762

Date Filed 10-1-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Lawson L. Sharp Student Embalmer No. 345-
working under my personal supervision.

Student Lawson L. Sharp Student Embalmer
Signed George W. Newcomb
Licensed Embalmer No. 4671
P. O. Address Lockwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.